SAINT JOSEPH COLLEGE
Health Services
1678 Asylum Avenue
West Hartford, CT 06117-2791
(860) 231.5530
(860) 231.6794 fax

AUTHORIZATION TO RELEASE MEDICAL/HEALTH RECORDS

Records are maintained for seven years after date of last attendance.

Name:_____
Last, First (Please print name(s) used while attending)

Date of Birth:_____

Current _____ Graduated _____ Withdrew _____
year year

Division: Undergraduate Prime Time Graduate

I authorize the staff of Saint Joseph College Health Services to release my medical/immunization records. Please indicate items needed:

_____

_____

Person to receive records and address or fax number:

_____

_____

_____

Signature *:_____ Date: _____

Phone: _____

* Parent or guardian please sign if student under 18 years of age.